

A Home and Community Based Services Waiver of the Division of Developmental Disabilities

October 2010



• Washington State has designed the Children's Intensive Inhome Behavioral Support (CIIBS) Waiver to address the needs of children and youth with:

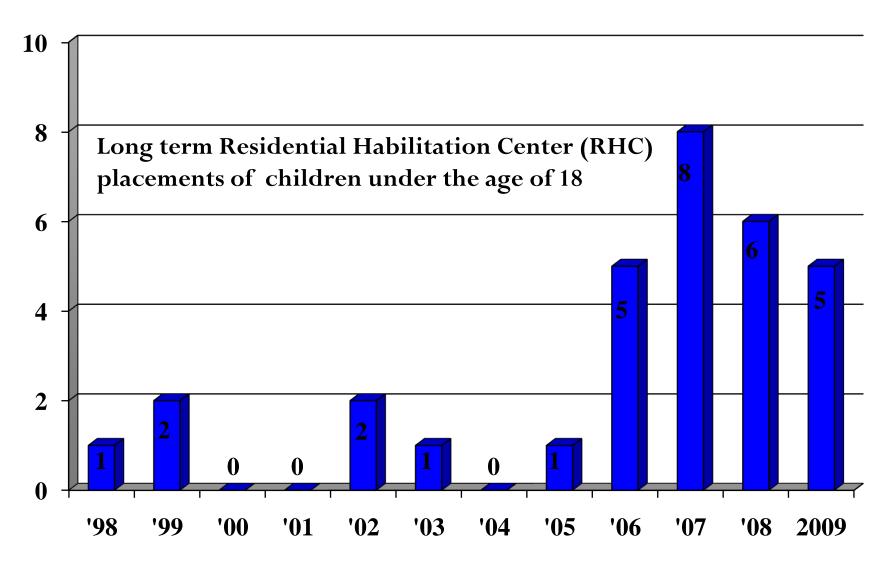
Autism Spectrum Disorders (ASD); or

Other developmental disabilities; and who are

At high or severe risk of out-of-home placement due to significantly challenging behaviors.

Background







To address this growing trend of families requesting institutional placement of their children:

Advocates requested legislation and funding for a new HCBS waiver — 2008 supplemental session

Legislature appropriated funding for 3 year period to serve up to 100 youth; legislation itself did not pass

DDD began work with stakeholders and reintroduced legislation during 2009 session



Approvals to begin the program...

04/23/2009

Governor Chris Gregoire signed Substitute Senate Bill 5117 to establish intensive behavior supports for children in their family home.

05/01/2009

Effective date the federal Centers for Medicare and Medicaid Services gave Washington for its approval of this new Home and Community Based Services Waiver.

Eligibility



DDD contracted with Research and Data Analysis (RDA) to identify predictors of out of home placement

RDA compared characteristics of children and youth living in RHCs, LSR*s, and their families with a high risk group and a control group.

RDA's work resulted in a statistical formula used for program eligibility

* Licensed Staffed Residential



Eligibility Requirements

Age 8-17 (served until age 21)

Caregiver Risk
Score is Medium
or Higher

High Behavior Acuity

Family Agrees to
Participate in the Program

High or Severe Out-of-home Placement Risk Score



What determines a child's out-of-home placement risk?

High or Severe Out-of-home Placement Risk Score

Predictors include child and family characteristics...



Clients meeting criteria in WAC 388-825-8505:	Beginning score = 0
Eligible condition of autism in the DDD determination	Add 40 points
ADL support needs level = high, medium or low	Subtract 54 points
Most prominent behavior = assault/injury AND severity = "potentially dangerous" or "life threatening"	Add 14 points
Level of monitoring required during awake hours = "line of sight/earshot"	Add 13 points
Caregiver risk level = high or immediate	Add 136 points
"No other caregiver available"	Add 33 points
Mobility acuity level = high, medium or low	Subtract 15 points

Points added in relation to strength of predictor;
Points subtracted in relation to strength of reverse predictor



If your CIIBS out-of- home placement risk score is:		No single predictor is required for
96 or greater	Yes - Severe	eligibility.
17-95	Yes - High	
Less than 17	No - Not eligible	



FAMILY PARTICIPATION AGREEMENT

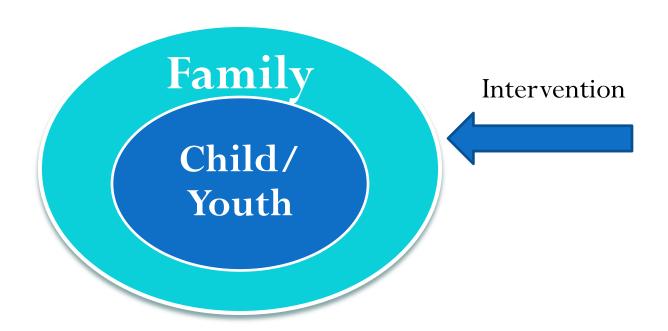
Before a child is enrolled on the waiver, parents/primary family caregivers agree to participate actively in the program themselves:

- To participate in the design of their child's PBS plan;
- To help develop a team of support and meet regularly;
- To receive support and training to make changes to their home environment according to the PBSP.

Program Model



Evidence based intervention and collaboration through a child and family centered lens is the core of the CIIBS approach.





Outcomes DDD seeks to achieve through CIIBS:

- children growing up with the experience of family life;
- increased family confidence in their ability to keep their child and others safe;
- decreased behavior that interferes with quality of life; and
- an increase in the development of skills result in greater self-expression, improved relationships, and independence.



Based upon the identification of specific child and family risk factors, CIIBS is designed to support both the child and the family:

Challenging behavior is addressed through positive behavior support, which has evidence based implications for improving quality of life for families in addition to effectively reducing a child's challenging behavior.

Case managers plan and deliver services according to the wraparound model, a best practice model of service delivery for children and youth.



• The CIIBS model has three primary components:

Intensive Case Management

> Positive Behavior Support

> > Wraparound



1) Intensive case management:

Reduced caseload ratios (1:30)

Follow up activities incorporating quality measures



2) Positive Behavior Support:

Emphasizing family involvement

Skill development

Reducing challenging behaviors



3) Wraparound:

Child and family centered teams

Cross system collaboration



Intensive Case Management

Promote smooth transition to waiver services

Monthly meetings for the first 90 days

Assess need and develop individual support plan Collect
baseline
information:
child skills,
challenging
behaviors,
and family
stress



Intensive Case Management

Quarterly ongoing team meetings; sooner as needed

Monitor individual support plans

Identification of barriers to successful implementation of intervention strategies

Collect follow-up information: child skills, challenging behaviors, family stress, and measures of collaboration among parties



Positive Behavior Support

• Positive behavior support (PBS) is widely used in the schools and social service agencies throughout Washington State and the nation. When applying the principals of PBS in the family

home...





Functional Assessment (FA)

Services Begin with FA to identify challenging behavior

Identify causes, triggers, and factors contributing to behavior

Determine the purpose of challenging behavior



Positive Behavior Support Plan (PBSP)

Based on FA

Designed to fit child and family

Clearly outline interventions to address challenging behaviors



Positive Behavior Support

• Families know their own child better than anyone else on the assessment team and are affected the most by the strategies employed to address behavior and skill development. PBS plans must be a good fit for both the child and the family in order to be the most effective.



Behavior Specialists involve the family members in the design as well as the implementation of strategies and take into account the following contextual characteristics:

family constellation; daily routines and frequent activities; availability of natural supports; cultural background; values held by the family; and health of family members.



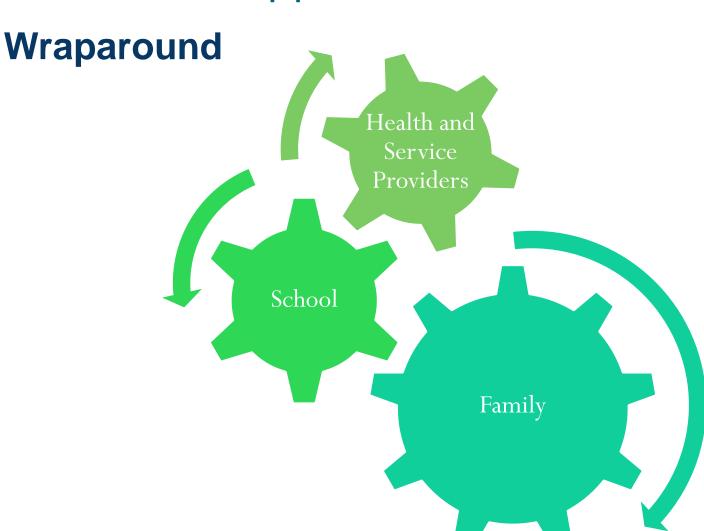
<u>Behavior Specialists</u>: PhD or MA level therapists with expertise in Positive Behavior Support in the family context

- Conduct Functional Assessment,
- Design written Positive Behavior Support Plans
- Provide training and consultation
- Collect and review data
- Oversight ensure ongoing efficacy of plan

Behavior Technicians: Experienced line therapists

- Implement treatment according to design
- Work alongside families in the home







Wraparound

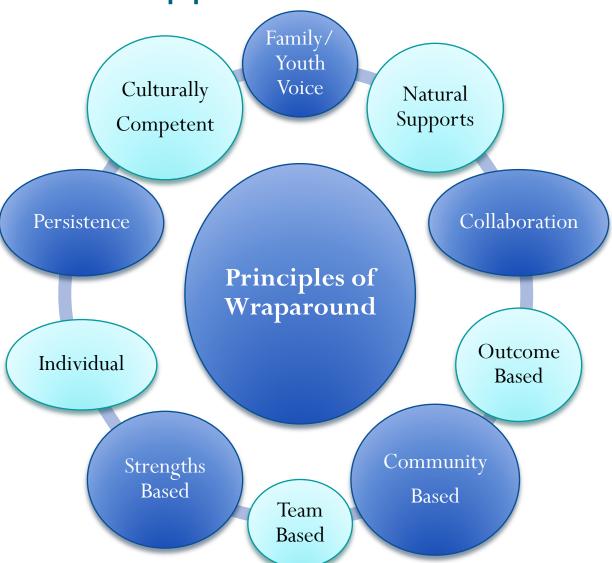
- Lack of communication, between individuals and across systems, leads to the fragmentation of effort and support.
- The goal of each team is to facilitate communication in an environment in which the child and family are central thus enhancing the efforts of each individual and system to provide support and achieve desired outcomes.
- Services employed in this manner are utilized more efficiently and cost effectively.



Wraparound

- Child and family centered teams provide an organizational structure for multiple individuals and agencies, each with a distinct role in the life of the individual child, to communicate and collaborate with one another with the goal of improving supports as a whole.
- This team approach provides a holistic view of each child's interactions and supports in different settings, which more fully informs the PBS plan and the individual support plan.





Services



Essential Services:





Ancillary Service:

*When Positive Behavior Support is implemented amidst family life, challenges and barriers to consistent implementation arise.

* Factors such as family member anxiety, depression, and marital conflict frequently impact the ability of the family to make changes in the home.

*These barriers are addressed through the provision of individual and family counseling or as part of the wraparound planning process.

Staff & Family Training



New Waiver Services:

Therapeutic Equipment and Supplies

Vehicle Modification

Specialized Nutrition

Specialized Clothing

Assistive Technology

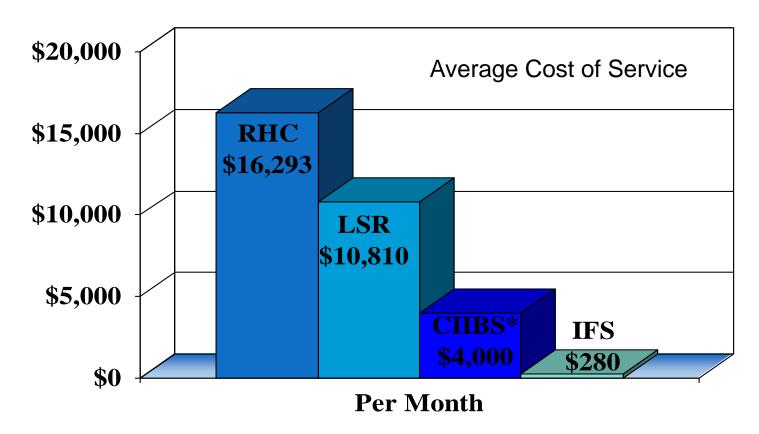


Total Waiver Service Package:

- Behavior Management and Consultation
- Staff/Family Training and Consultation
- Respite In-Home and Out-of-Home
- Personal Care
- Specialized Medical Equipment and Supplies
- Therapeutic Equipment and Supplies
- Assistive Technology
- Environmental Accessibility Adaptations
- Vehicle Modifications
- Transportation
- Specialized Nutrition
- Specialized Clothing
- Specialized Psychiatric Services
- Nurse Delegation
- Sexual Deviancy Evaluation
- Occupational Therapy
- Physical Therapy
- Communication Therapy







RHC = Residential Habilitation Centers

LSR = Licensed Staffed Residential

CIIBS = Children Intensive In-home Behavioral Support

IFS = Individual and Family Services



For more information:

Christie Seligman CIIBS Program Manager

Division of Developmental Disabilities (360) 725-3448

Christie.Seligman@dshs.wa.gov